



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
ATTN: MAGNETIC MEDIA
(916) 845-3778
PO BOX 942840
SACRAMENTO CA 94240-6090

Magnetic Media Filing Application

Application is hereby made to transmit annual 1098/1099/5498/W-2G information returns to Franchise Tax Board on Magnetic Media.

Name of Firm (Transmitter)		Date:
Address:		Federal Employer Identification Number
City, State and ZIP Code:		Reporting will begin with Tax Year: _____
Contact for Technical Information (Name)	Title:	Telephone (Area Code & Ext.)

REPORTING INFORMATION

Please indicate the document type(s) you plan to file on Magnetic Media:	
<input type="checkbox"/> 1098	<input type="checkbox"/> 1099 <input type="checkbox"/> 5498 <input type="checkbox"/> W-2G
Do you plan to act as a transmitter for other Payers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEDIA PREFERENCE

CARTRIDGE <input type="checkbox"/>	TAPE REEL <input type="checkbox"/>	CD <input type="checkbox"/>	DISKETTE <input type="checkbox"/>
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NOTE: 4mm or 8mm cartridges are not acceptable.

AUTHORIZED REPRESENTATIVE OF ORGANIZATION REQUESTING APPROVAL

Name (Type or Print)	Title	
Signature		Date